

**EXPRESS MAIL RECEIPT NO. ER782415981US**  
**DEPOSITED ON APRIL 1, 2004**

**PATENT**  
**DKT. STL11379**  
19587 U.S. PTO  
10/817278  
040104

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Mail Stop Patent Application**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria VA 22313-1450**

**NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of

**Inventors: Robert A. Alt, E. Paul Lee and Matthew R. Lepore**

**For (title): SEPARATOR PLATE WITH HEAD LOAD/UNLOAD**

**1. Type of Application**

This application is for an original (nonprovisional).

**2. Papers Enclosed**

**A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application**

7 Pages of Specification  
4 Pages of Claims  
3 Sheets of Drawings--Formal

**B. Other Papers Enclosed**

3 Pages of Declaration--Unsigned  
1 Page of Abstract  
4 Pages of Application Data Sheet

**3. Additional Papers Enclosed**

Information Disclosure Statement (37 C.F.R. § 1.98), including PTO/SB/08A and 08B  
(Substitute for Form PTO-1449)  
An acknowledgment postcard

**4. Declaration or Oath**

Enclosed and Unsigned

**5. Inventorship Statement**

The inventorship for all the claims in this application is the same.

**6. Language**

English

**7. Assignment**

An assignment of the invention to Seagate Technology LLC will follow.

**8. Fee Calculation (37 C.F.R. § 1.16)**

Regular Application

CLAIMS AS FILED										
Number Filed		Number Extra				Rate		Basic Fee 37 C.F.R. § 1.16(a) 770.00		
Total										
Claims (37 C.F.R. § 1.16(c))		19	–	20	=	0	x \$	18.00	= \$	0.00
Independent										
Claims (37 C.F.R. § 1.16(b))		3	–	3	=	0	x \$	86.00	= \$	0.00
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))							+ \$	290.00	= \$	0.00
Filing Fee Calculation									\$770.00	

**9. Fee Payment Being Made at This Time**

Enclosed	Filing Fee	\$770.00
<b>Total Fees Enclosed</b>		<b>\$770.00</b>

**10. Method of Payment of Fees**

Authorization is hereby made to charge the amount of **\$770.00** to Deposit Account No. **06-0540**.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

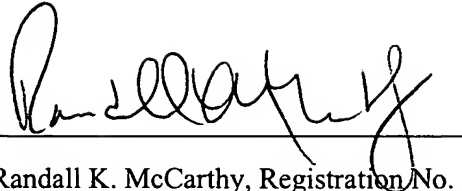
A duplicate of this paper is attached.

**11. Instructions as to Overpayment**

Credit Account No. 06-0540.

Date: \_\_\_\_\_

4/1/04



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